

Declaration and Power of Attorney For Patent Application

English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

MEMORY PUMPING CIRCUIT

the specification of which

(check one)

☒ is attached hereto.

☐ was filed on _____ as
Application Serial No. _____
and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
092109523	Taiwan	23/4/2003	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)		
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)		
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)		

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of title 35, United States Code, §112, I acknowledge the duty to disclose to the Office all information known to me to be material to patentability of the application as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

See Attachment

Send Correspondence to

Direct Telephone Calls to: _____
at telephone No. _____

Full name of sole or first inventor Chieng-Chung Chen	
Inventor's signature <i>Chieng-Chung Chen</i>	Date 2003/8/8
Residence 4F-1, No. 513, Sec. 2, Rd. Gwun-Fu, Hsin-Chu, Taiwan, R.O.C.	
Citizenship A citizen of Taiwan, R.O.C.	
Post Office Address The same as above	
Full name of second joint inventor, if any	
Second Inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

(Supply similar Information and signature for third and subsequent joint inventors.)

ATTACHMENT TO DECLARATION AND POWER OF ATTORNEY

Power of Attorney:

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